

**Office of Health Care Quality
Therapeutic Group Home Survey Tool
Edition 7/08**

Licensee Name			
Name of Surveyor		Affiliation	
Agency Contact			
Contact Number			
Type of Survey		Date of Survey	
CSA		Contact Number	
Administrative Staff			
Program Director : Site 1	Site 2	Site 3	
Psychiatrist			
Clinical Coordinator			
Program Information			
1	TGH/Program Name		
	TGH/Program Address		
	Number of Residents		
	Age Range		Gender
2	TGH/Program Name		
	TGH/Program Address		
	Number of Residents		
	Age Range		Gender
3	TGH/Program Name		
	TGH/Program Address		
	Number of Residents		
	Age Range		Gender
Program Overview			
	Site 1	Site 2	Site 3
Medication Protocol 10.21.07.12D and 14.31.06.13B			
Board of Directors/Advisory Committee 1/3 Community/Meet Quarterly 14.31.06.04 and 10.21.07.05C			
Behavior Protocol (Point System)			
	Site 1	Site 2	Site 3
•Does the TGH utilize Seclusion/ Quiet room •Restraints as a	Seclusion Quiet room Restraints		

Office of Health Care Quality
Therapeutic Group Home Survey Tool
Edition 7/08

treatment method? •What Types of restraint utilized •Number of times			
Schedule (1:3 –Day, 1 Awake- Night, 1-On-call) 10.21.07.13 &14 14.31.06.06	DAY Evening Night Weekends		
Staff Hours Director (20 hr. min.) Psychiatrist(avail.24/7) Clinical Cord. 20hr.min			
10.21.07.12 How often does group therapy occur? Who attends? How often is individual therapy conducted(per ITP)			
Independent living skills – What Independent living skills are addressed through the TGH Program?	Meal Preparation, Menu Planning, Shopping, Cooking, Cleaning up, Laundry, Basic House Keeping, Personnel Hygiene, Money Management, Accessing community resources (transportation)	Meal Preparation, Menu Planning, Shopping, Cooking, Cleaning up, Laundry, Basic House Keeping, Personnel Hygiene, Money Management, Accessing community resources (transportation)	Meal Preparation, Menu Planning, Shopping, Cooking, Cleaning up, Laundry, Basic House Keeping, Personnel Hygiene, Money Management, Accessing community resources (transportation)
School Information: Onsite, Offsite, Public, Special Ed			
Menu: Who designs the menu?			
Program File Review			
Fire Logs - alternate shifts within quarter			
Site 1			Site 2
Date	Time	Evacuation time	Date

**Office of Health Care Quality
Therapeutic Group Home Survey Tool
Edition 7/08**

					Site 1	Site 2	Site 3		
Fire Survey – 14.31.07.07 .07A4									
Lead Paint, Asbestos, radon									
Water test 14.31.06.07 N (4)									
Fleet Insurance									
Activity Schedule									
Staffing Schedule									
Board of Directors									
Advisory Committee									
Home like environment									
Individual File Review									
1	TGH/Program		Date of Birth						
	Name of Resident		Date of Admission						
	Medicaid Number								
2	TGH/Program		Date of Birth						
	Name of Resident		Date of Admission						
	Medicaid Number								
3	TGH/Program		Date of Birth						
	Name of Resident		Date of Admission						
	Medicaid Number								
14.31.06.18 B									
Face Sheet									
Current Photo									
Eligibility 10.21.07.09 A									
Did the child agree to, in writing, a willingness to comply with the TGH Rules and Regulations									
Does the child have a primary diagnosis of Alcoholism , drug addiction, or severe brain damage									
Does the child show current violent or antisocial behavior									
10.21.07.09 B Application for admission									
Does the TGH have an application form									
Does the Application include									
(a) Name, date of birth, sex, legal domicile, and current residence of the child,									
(b) Names, addresses, and telephones numbers of persons or agencies having legal care or custody of the child, and									
(c) Documentation of the child's custody status, including if relevant, documentation of									

**Office of Health Care Quality
Therapeutic Group Home Survey Tool
Edition 7/08**

agreements regarding responsibility for financial support and health care;				
Guardian	Resident 1	Resident 2	Resident 3	
Name of Guardian (DSS,DJS, Family)				
Type of Guardianship				
Contact Name				
Phone Number				
10.21.07.09 B Application for admission		Resident 1	Resident 2	Resident 3
(2) Authorization to release information signed by the child's parent or guardian;				
(3) Based on clinical evaluation by an individual authorized under Health Occupations Article Annotated Code of Maryland, to formulate a psychiatric diagnosis, a statement including: (a) The psychiatric diagnosis and the rationale for the diagnosis, (b) An explanation of why the child would benefit from the treatment and related services provided in and by the TGH (c) The treatment goals for the child, if TGH placement occurs (d) Documentation that the child meets the eligibility criteria outlined in (A) of the regulation:				
(4) A recent history of the child's: (a) Mental Health Treatment, including relevant psychiatric and psychological evaluations, (b) Family status (c) Education, including documentation of a handicapping condition, if any, and (d) Involvement, if any, with community agencies;				
(5) Relevant medical records; and				
(6) Unless the child has a guardian that is a state agency, a written and signed statement that, at the time of application for admission, the child's parent or guardian: (a) agrees to the placement, (b) Agrees to the rules and regulations of the TGH, and (c) Enters into agreement regarding the				

Office of Health Care Quality
Therapeutic Group Home Survey Tool
Edition 7/08

responsibility for payment for the child's medical and mental health care.				
10.21.07.11 Evaluated Services Provided by the TGH				
Was a psychiatric diagnosis completed within one week following admission				
Diagnoses				
Resident 1		Resident 2		Resident 3
1				
2				
3				
4				
10.21.07.11 Evaluated Services		Resident 1	Resident 2	Resident 3
Did the face to face assessment include				
a. A description of the problem				
b. Relevant History				
c. Mental status examination				
d. The rationale for the diagnosis				
10.21.07.11 C. Assessment		Resident 1	Resident 2	Resident 3
Was an assessment completed within one week by the clinical coordinator that includes				
(1) Development history				
(2) Educational History				
(3) Family history and evaluation of current family status, including legal custody status:				
(4) Home environment				
(5) Social, emotional, and cognitive development;				
(6) Motor language, and self-care skills development				
(7) History, if any, of:				
(a) Substance abuse,				
(b) Physical or sexual abuse, and				
(c) Home or community violence;				
(8) Local health department of social services or Department of Juvenile Justice involvement,				
(9) Mental status; and				
(10) Medical history and needs, including, if any, history of allergies, neurological disorders, and communicable diseases				
10.21.07.11 D Initial Brief Treatment Plan				
Was the IBTP completed within one week of admission.				
Based on the application materials submitted.				

**Office of Health Care Quality
Therapeutic Group Home Survey Tool
Edition 7/08**

Was the child, parent, and TGH staff present			
Include Treatment goals expressed by referring agency			
Process of Orientation to the TGH			
Initial Expectations regarding child's adjustment			
10.21.07.11 E. TGH individual Treatment Plan (ITP)			
Initial ITP within 30 days of admission			
Does the treatment team include a. psychiatrist b. clinical coordinator c. child's case coordinator d. TGH Staff			
Does the ITP identify a. Providers of Mental Health treatment b. Providers of medical and dental c. Educational program d. TGH Case coordinator			
Educational	Resident 1	Resident 2	Resident 3
Name of School			
Type of Program			
Grade Level			
IEP (If Applicable)			
10.21.07.11 E. TGH (ITP)	Resident 1	Resident 2	Resident 3
Does the ITP coordinate with the IEP			
Does it document Somatic Care recommendations, including medications for medical purposes			
List Medications (for medical purposes) and purpose of use			
	Resident 1	Resident 2	Resident 3
1			
2			
3			
4			
5			
6			
10.21.07.11 E. TGH ITP	Resident 1	Resident 2	Resident 3
Nutritional Requirements			
Essential medical and non-medical treatments			
Includes psychiatric diagnosis			
Description of child's current behavior, symptoms, and level of functioning that includes			

Office of Health Care Quality
Therapeutic Group Home Survey Tool
Edition 7/08

child's strengths, needs, and treatment expectations and responsibilities				
Strengths				
	Resident 1	Resident 2	Resident 3	
1				
2				
3				
4				
		Resident 1	Resident 2	Resident 3
Description of family or significant others strengths and needs				
Identification of medication prescribed for the treatment of a mental disorder				
10.21.07.11 E. TGH ITP		Resident 1	Resident 2	Resident 3
Short and long term psychiatric goals in measurable terms				
Goals related to family, socialization and recreation and activities of daily living				
Specifies treatment strategies to be provided				
a. Recommended modality and frequency of interventions				
b. Target dates				
c. TGH staff responsible				
ITP Review every 90 Days				
ITP approved by Child and guardian				
ITP signed by				
a. Psychiatrist				
b. Clinical coordinator				
c. Case Coordinator				
10.21.07.11 F Continuing Evaluation				
Contact Notes – Documentation of all significant face to face, telephone, and written contacts with or about the child including dates times, and type of contact.				
Progress summary notes at least every two weeks and include- By Case Coordinator				
a. Progress on delivery of services				
b. Progress towards achieving goals				
c. Changes in the individuals status				
d. If applicable, any changes				
10.21.07.12. Treatment and Support Services Provided by the TGH				
Group Therapy – At least weekly includes every child in the TGH/ Last 5 Dates				
Resident 1		Resident 2		Resident 3

Office of Health Care Quality
Therapeutic Group Home Survey Tool
Edition 7/08

Psycho educational Therapy (substance abuse, sexual assault, physical abuse) List below			
Resident 1	Resident 2	Resident 3	
14.31.06.13 Required Services	Resident 1	Resident 2	Resident 3
Dental exam within 1 year of admission or within 30 Days			
Follow up completed (If applicable)			
Physical within 30 Days of admission			
Follow up completed (If applicable)			
Immunization record			
10.21.07.12 D. Medication Services			
Medications stored securely-controlled substances under double lock			
Monitor Compliance with taking medication			
Read Label to assure each container is labeled with the contents child's name, directions for use, and expiration date			
Reinforce education on the role and the effects of medication symptom management			
Within 3 days of admission consult with physician regarding continuation of current medications			
Periodically obtain from the child's medical care provider a review of the child's medication, and document the reasons for continuing, changing, or discontinuing.			
Safe Environment Plan 14.31.06.15.B			
The program shall develop a safe environment plan during intake and admission.			
Accessible to staff			
The plan includes:			
a) Physical space that the program shall provide to make the resident feel safe, comforted, and in control of the resident's behavior			
b) Triggers and situations that increase stress or			

**Office of Health Care Quality
Therapeutic Group Home Survey Tool
Edition 7/08**

fear, leading to loss of control			
c)Methods for calming or soothing that the resident has found to be successful			
d) Resident's preferences regarding positive, non-physical interventions, strategies, and supports if the resident's level of agitation increases.			
e) Medication, prescribed by the treating physician, the resident may choose to take if alternative interventions are not effective.			
f) Medical information that can affect the safety of a restrictive intervention, e.g. history of asthma, cardiac conditions, etc.			
g) History of trauma or issues that may prohibit the use of certain interventions			
h) Preferences or contraindications to the debriefing process.			
i) Staff working with the resident are fully debriefed on each resident's safe environment plan			
j) Following post-restraint debriefing the team shall review the plan and make necessary changes			
k) Staff and parent/guardian are informed of modifications to the plan			

**Office of Health Care Quality
Therapeutic Group Home Survey Tool
Edition 7/08**

Personnel Records 14.31.06.05 E

Licensee:						
	Staffs Name	Position				Staff Initials
1						
2						
3						
4						
5						
6						
	Staff # 1	Staff # 2	Staff # 3	Staff # 4	Staff # 5	Staff # 6
Staff Initials						
Date of Hire						
Application/Resume						
Three (3) References						
Medical exam at hire						
I-9						
Annual TB/medical certification						
Criminal Background check						
Child protective services Check						
Professional Credentials (High school or equivalent 14.31.06.06 B 2 A)						
Annual Performance Eval.						
Drivers License						
Driving Record 2 Years						
Personnel Action/if Applicable						
Received and Read P & P regarding child abuse, neglect and discipline (m)						
Job Description Available 14.31.06.05 D 1						
Verification of Hours Worked						

Office of Health Care Quality
Therapeutic Group Home Survey Tool
Edition 7/08

Personnel Trainings – Direct Care Staff 14.31.06.05 F and 10.21.07.14B						
Initial Trainings	Staff # 1	Staff # 2	Staff # 3	Staff # 4	Staff # 5	Staff # 6
Emergency Preparedness						
CPR						
First-aid						
Child abuse and Neglect identification and reporting						
Suicide Risk						
Use of Seclusion, Restraint, and Quiet Room						
Approved forms of discipline						
Trainings	Staff # 1	Staff # 2	Staff # 3	Staff # 4	Staff # 5	Staff # 6
Medication Management						
Infection Control/Blood Borne Pathogens						
Parenting Issues, collaboration with families, and supporting children and families in making choices						
Psychosocial and emotional needs of children , family relationships, and impact of separation						
Special Needs of the population						
Child Development						
The role of the child care employee						
Food Preparation, food service, and nutrition						
Communication skills						
Total 40 Hours per year						

**Office of Health Care Quality
Therapeutic Group Home Survey Tool
Edition 7/08**

Medication Administration/Delegation (if applicable)					
Med Certified					

**Office of Health Care Quality
Therapeutic Group Home Survey Tool
Edition 7/08**

Physical Plant Inspection 14.31.06.

TGH/Program		Date:	
Time:			
Building and Grounds 14.31.06.07			
Free from trash and debris/ Trash cans w/lids			
Playground equipment safe			
Yard maintained in good condition			
Comments:			
Emergency			
First Aid Kit			
Evacuation plans (each floor)			
Smoke alarms(each floor)			
Fire extinguishers(each floor)			
Emergency numbers by all phones			
Hallways/Stairways			
Free from Obstruction			
Adequate Light14.31.06.06 K 2			
Comments:			
Living Area			
Walls clean free from cracks and perforations			
Clean and orderly			
Adequate Light14.31.06.06 K 2			
Free from Hazards			
Furniture in good repair 14.31.06.07 I			
Comments:			
Kitchen and Dinning Area14.31.06.07			
Adequate Light 14.31.06.06 K 2			
Sufficient equipment (silverware, cups)			
1 week supply of food 14.31.06.10.B2			
Menu Available			
Equipment in working order			

**Office of Health Care Quality
Therapeutic Group Home Survey Tool
Edition 7/08**

Disposable dinnerware (prohibited unless documented)				
Dishes, cups free from chips and cracks				
Adequate seating area				
Water temperature 110°				
Comments:				
Doors and Windows14.31.06.07				
Screens				
Window coverings				
Doors in good condition				
Windows open and close 14.31.06.07M1				
Comments:				
Sleeping Accommodations14.31.06.07				
Initials of Residents assigned to room				
1		3		
2		4		
	Room 1	Room 2	Room 3	Room 4
Bed, dresser, tables, chairs in good condition				
Bedroom Clean and orderly				
Source of Natural Lighting				
Adequate Light14.31.06.06 K 2				
Adequate storage				
Adequate clean and comfortable clothing 14.31.06.10 D				
Comments:				
Room 1				
Room 2				
Room 3				

Office of Health Care Quality
Therapeutic Group Home Survey Tool
Edition 7/08

Bathrooms	Location of		
Bathroom 1			
Bathroom 2			
Bathroom 3			
	Bathroom 1	Bathroom 2	Bathroom 3
Clean (Free from Mold)			
Adequate light14.31.06.06 K 2			
Operating condition (toilet, Shower)			
Soap, Shampoo, Paper Towels			
Comments:			
Room 1			
Room 2			
Room 3			
Room 4			
Basement/Washer and Dryer			
Clean and Orderly			
Free from Trash			
Washer and dryer is working order			
Lint trap free from lint			
Basement free from water			
Adequate Light14.31.06.06 K 2			
Comments:			